

RCA WITH ANAMOLOUS LCX BIFURCATION STENTING

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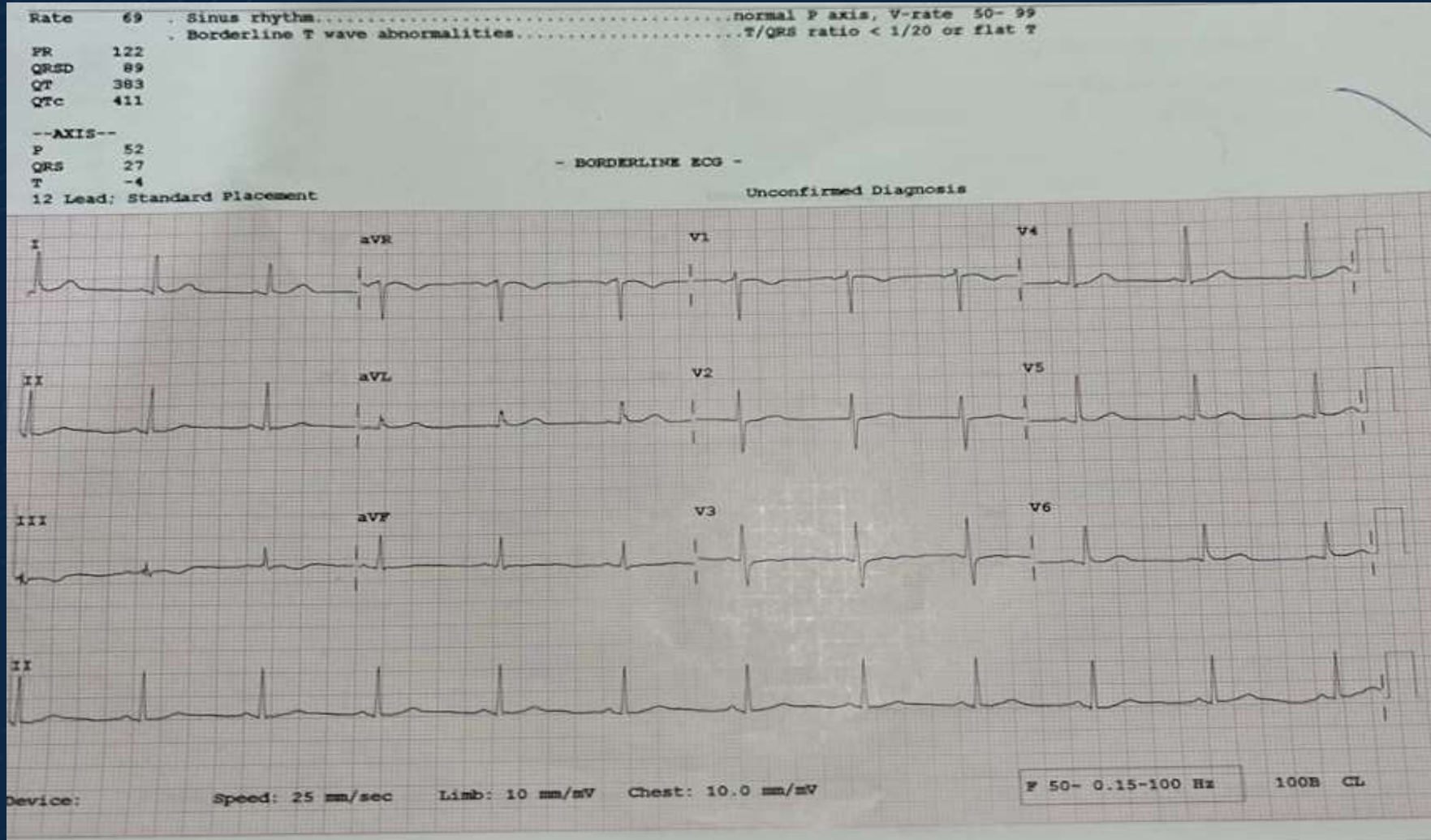
DR. SWAROOP BHARADI DNB.

AIG HOSPITALS - INDIA.

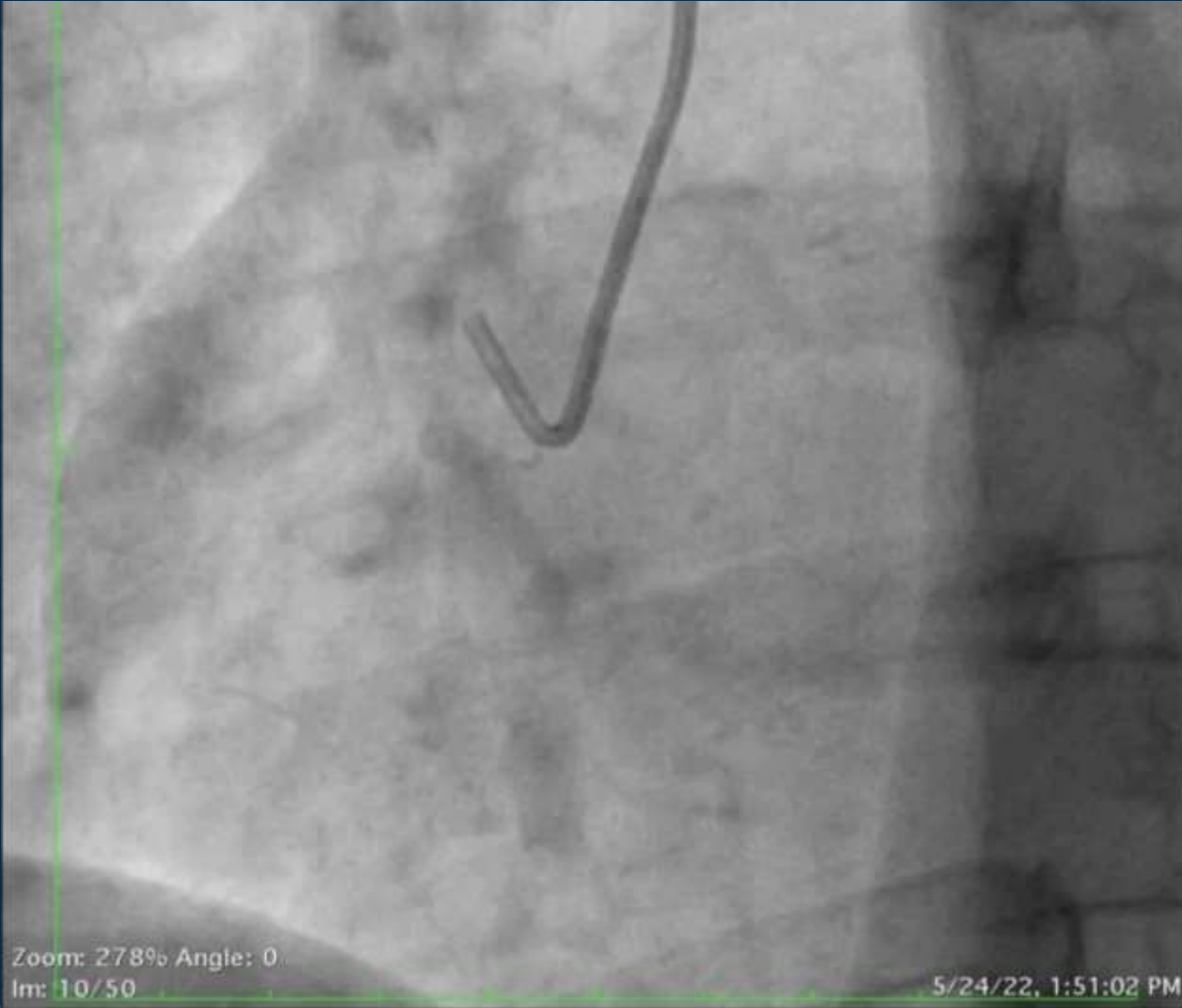
CASE DETAILS

- 48-year lady, home maker, hailing from surat
- Diagnosis: UA – New onset AOE Class III
- Normal LV function
- Underwent CAG elsewhere.

ECG



CAG



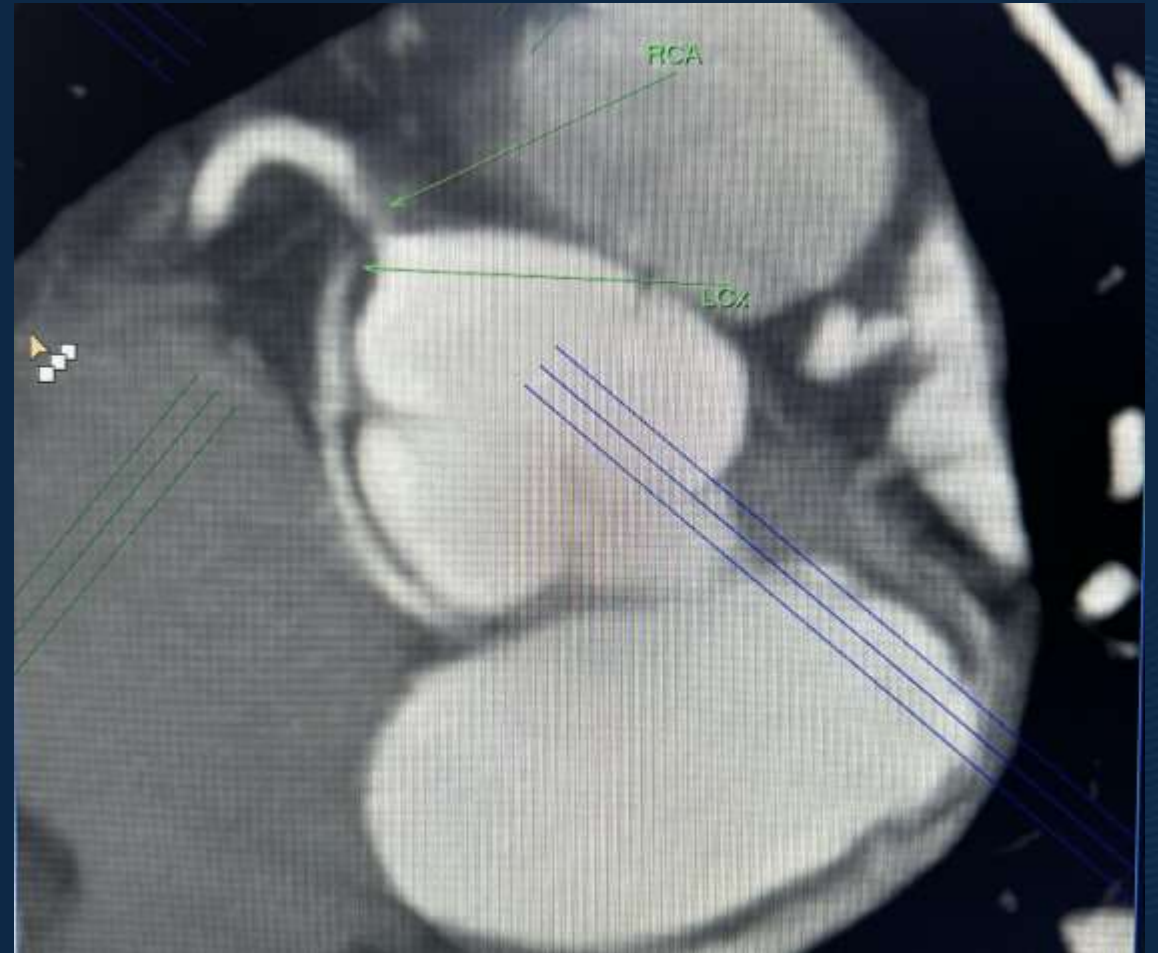
- Dominant RCA: Ostial tight stenosis
- Anomalous LCX: Large size with ostial tight lesion

ISSUES AND PLAN:

- Whether LCX has a separate origin or is coming from RCA
- If Separate origin, then two ostial stents
- If LCX coming from RCA - Bifurcation 1,1,1 lesion
- IVUS vs CT-CAG

CT-CAG

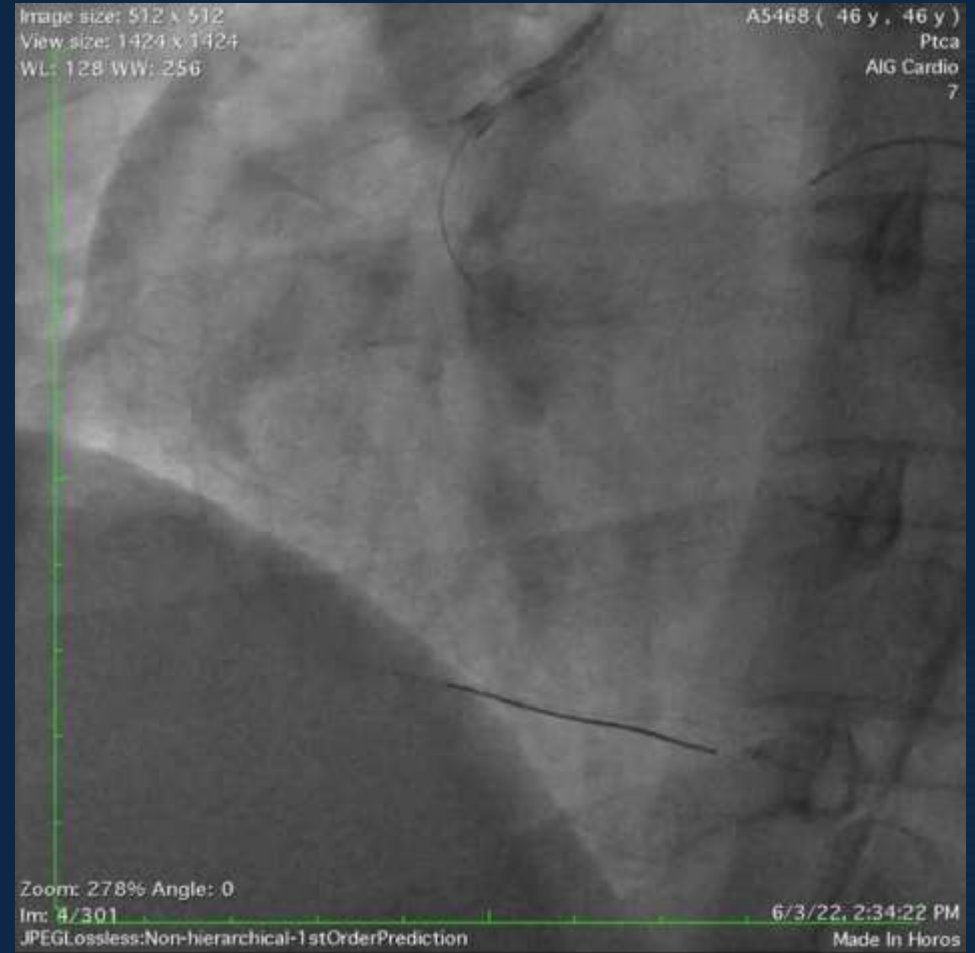
- Short Common trunk: 2-3 mm
- Tight RCA proximal: 7-8mm
- Anomalous LCX from RCA:
Osteo-prox tight stenosis:
3-4mm



BIFURCATION STRATEGY:

- PS vs 2 Stent – Provisional
- Not enough length for POT
- Rescue strategy in PS – TAP vs Culotte - TAP

PCI - RCA



PREDILATION (2 X 12 & 2.5 X 12NC)

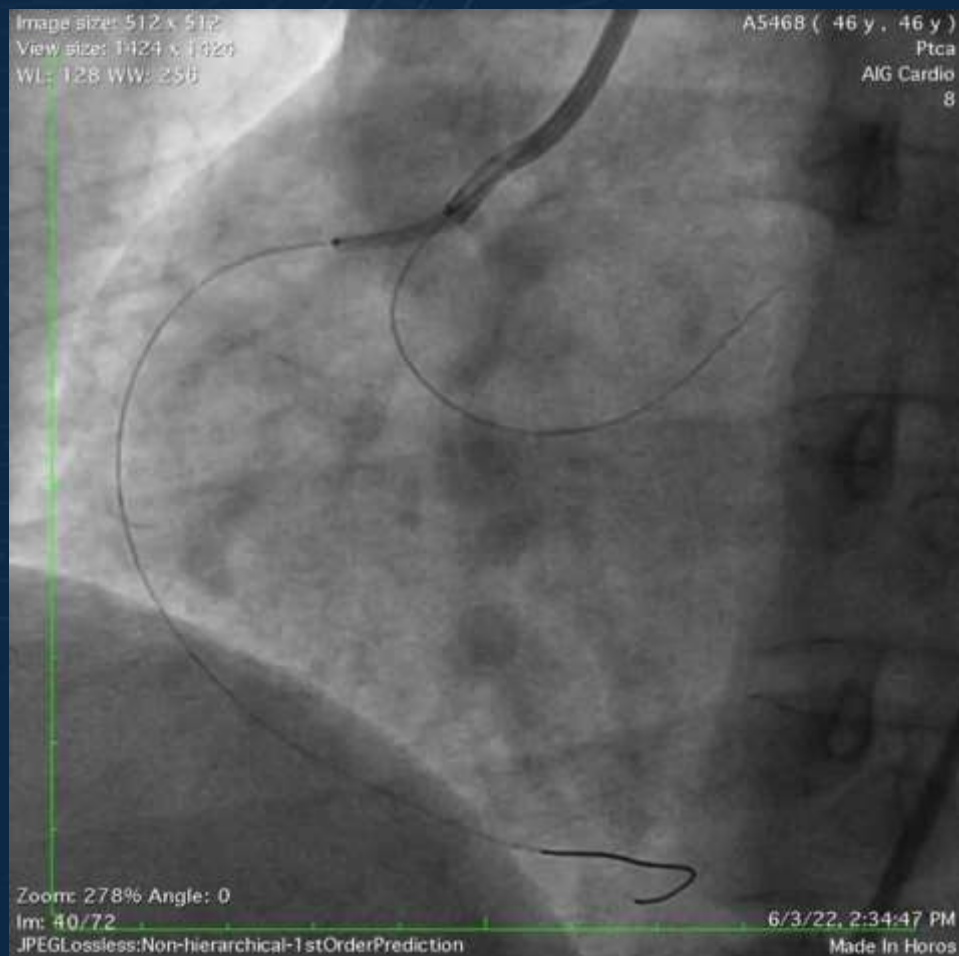
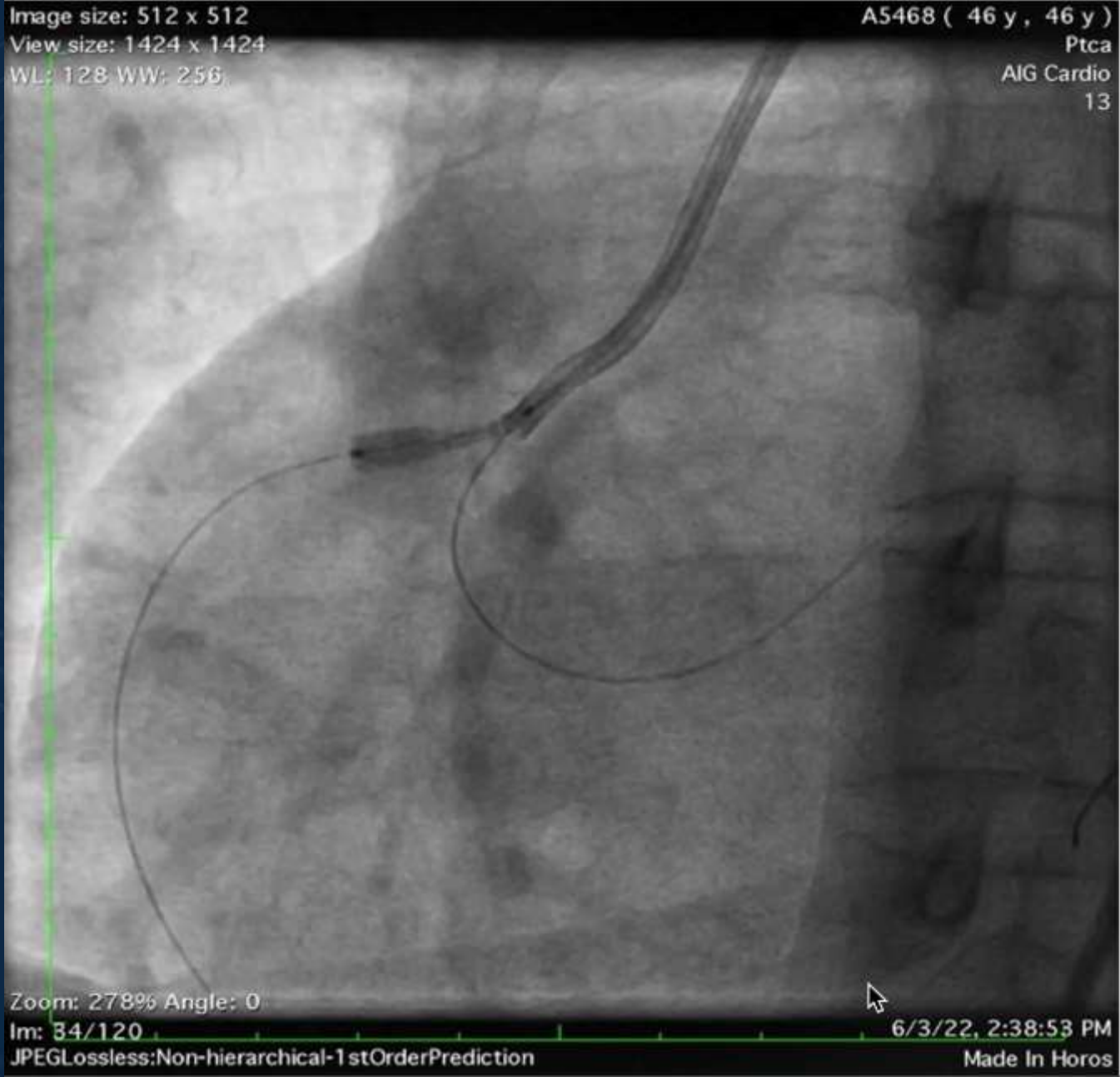


Image size: 512 x 512
View size: 1424 x 1424
WL: 128 WW: 256

A5468 (46 y , 46 y)
Ptca
AIG Cardio
13

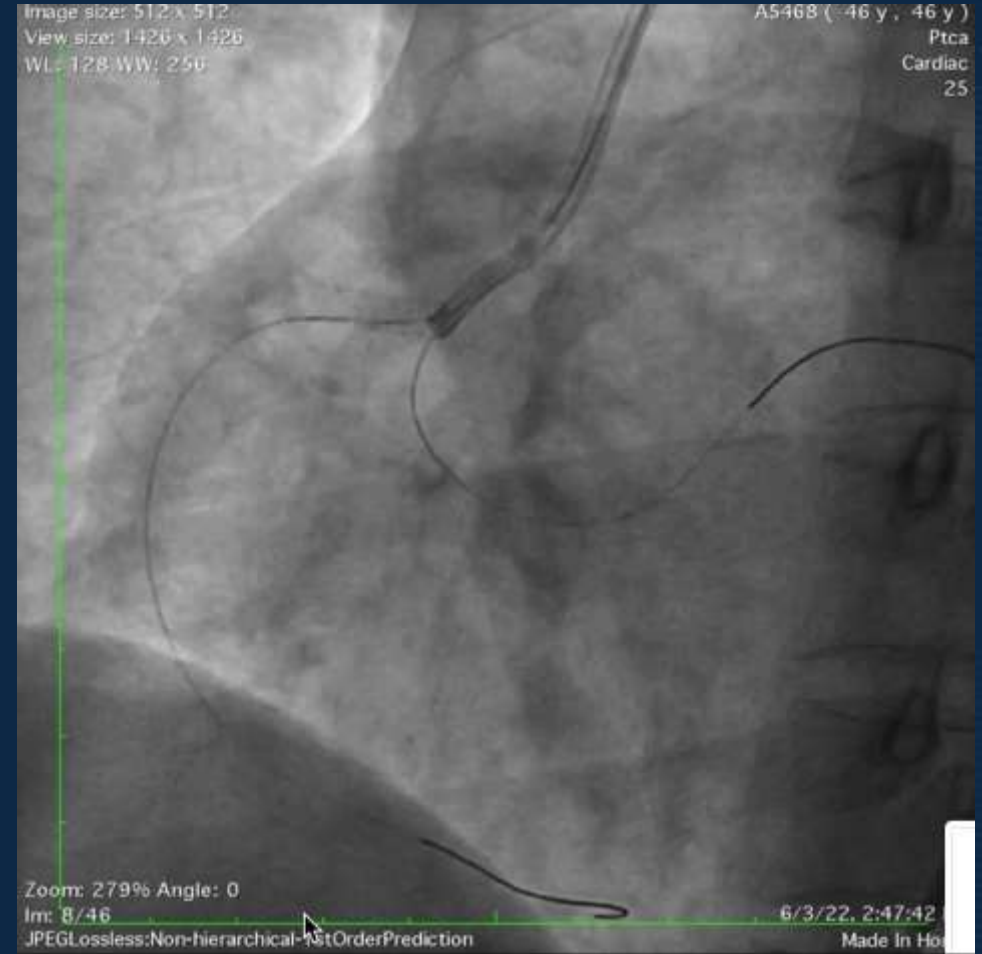
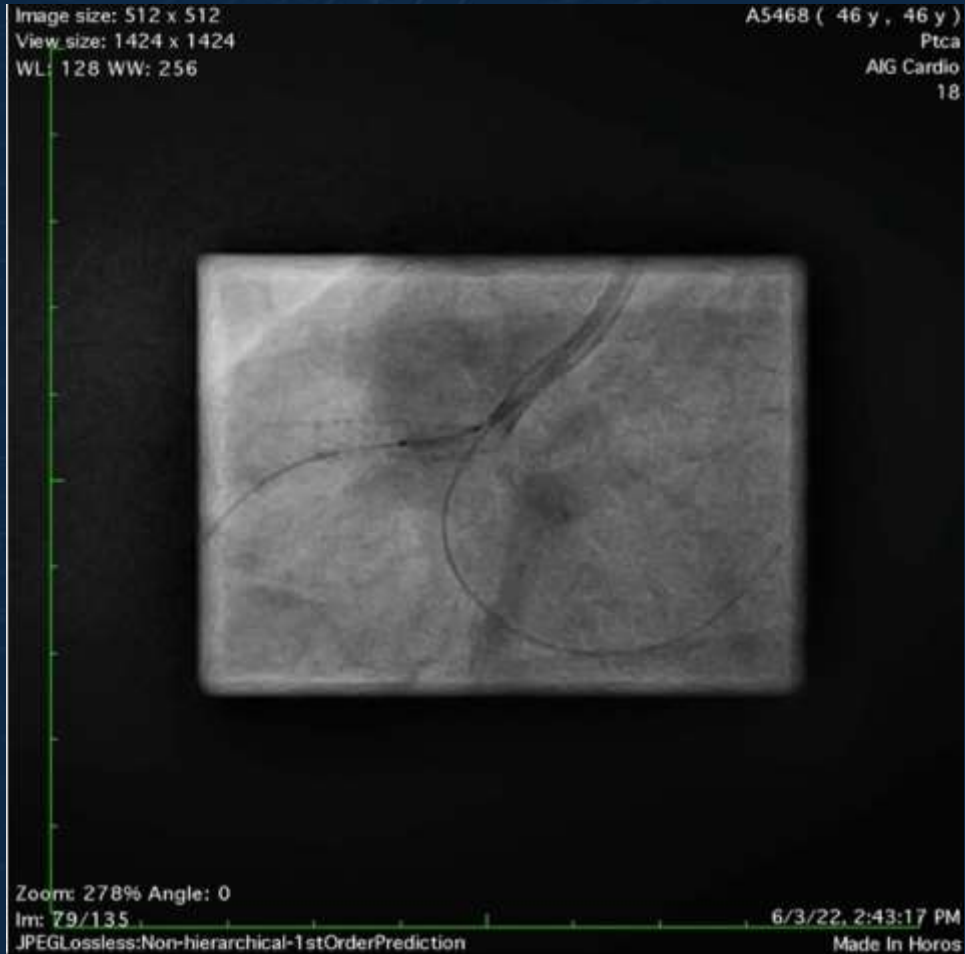


OSTEO-PROX RCA 3.5 x 15mm
DES

Zoom: 278% Angle: 0
Im: 34/120
JPEGLossless:Non-hierarchical-1stOrderPrediction

6/3/22, 2:38:53 PM
Made In Horos

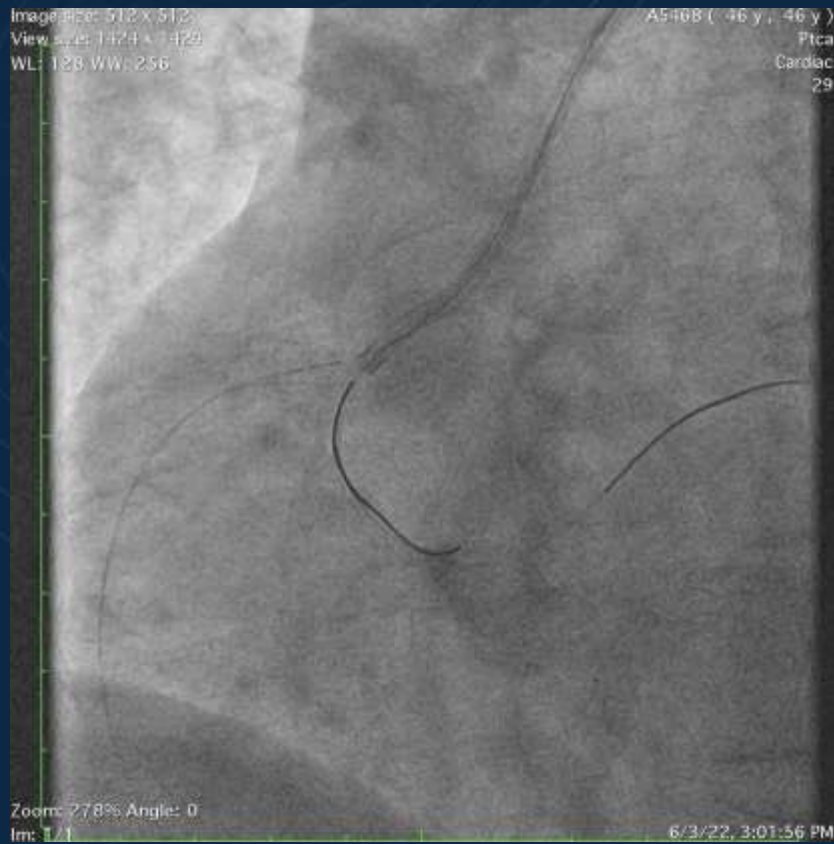
RCA STENT OPTIMISED



DEFINE LCX OSTIUM?

- IVUS vs FFR
- We choose FFR.

FFR – OSTEO-PROX LCX



BASE LINE FFR



POST ADENOSINE

KISSING BALLOON INFLATION



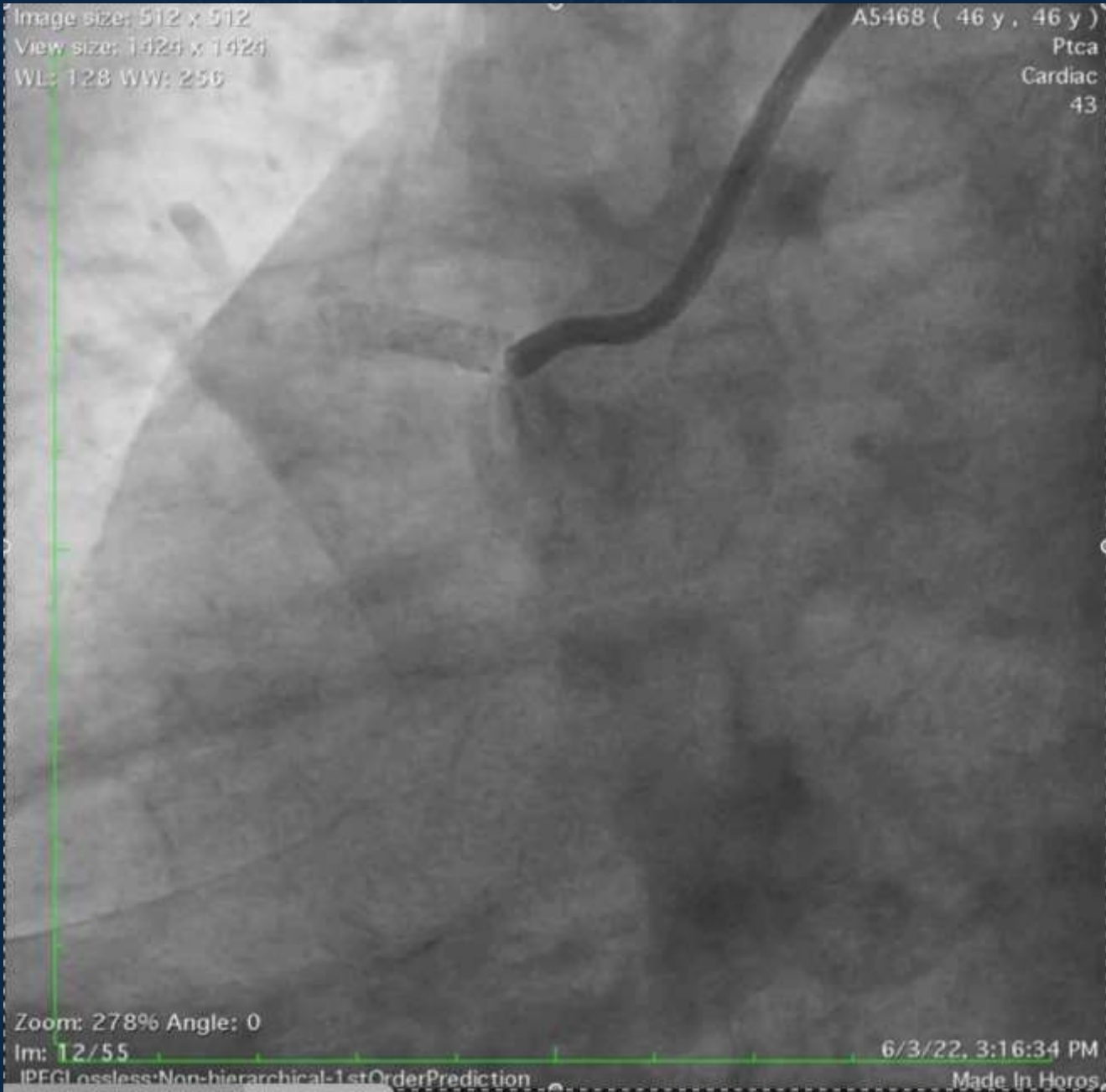
BASE LINE FFR



POST ADENOSINE

Image size: 512 x 512
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A5468 (46 y , 46 y)
Ptca
Cardiac
43



Zoom: 278% Angle: 0

Im: 12/55

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IPFGLosslessNon-hierarchical-1stOrderPrediction

Made In Horos

FINAL RESULT

Disclosure

- None.

Discussion Points

- We opted for CT-CAG to plan the procedure.
- FFR to define the SB severity.

CONCLUSION:

- Imaging helps in planning in complex case –
CT-CAG in our case helped in planning the bifurcation PCI.
- Physiological evaluation helps in decision making about SB treatment in bifurcation lesions